

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
03-APR-4 AM 8:15
03-03-2003 90952 009 ***158.75
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00000046

DOCUMENT # P02000086647	
1. Entity Name HUECK ARMORING GROUP, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8334 NW 56 STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33166	Country USA	Zip	Country

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4. FEI Number 03-0477661	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Timothy H. Crutchfield	
	Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2nd. Avenue, Suite #1020	
	City MIAMI	FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

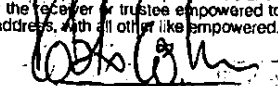
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25. Make Check Payable to Florida Department of State.	9. Election Campaign Financing. Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
PD- HUECK, JUAN CARLOS	14464 SW 138 PL		
MIAMI, FLORIDA 33186			
VTSD- KUHN, ROBERTO	5970 SW 83RD STREET		
SOUTH MIAMI, FLORIDA 33143			

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  VTSD- ROBERTO KUHN	Date 02/26/2003	Daytime Phone # (305) 592.9308
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CR2E034B (12/02)